Notice to Commissioner of Human Services Regarding Possible Claims

To the Commissioner of Human Services:

1. Attached and served upon you pursuant to Minn. Stat. § 524.3-801, is a copy of the **Notice of Informal Probate of Will and Appointment of Personal Representative and Notice to Creditors**, which has been or will be published according to law.

(Instructions for Personal Representative: Include all aliases and former names of the decedent and spouse(s) in paragraphs 2 and 3 and attach a copy of the Notice of Informal Probate of Will and Appointment of Personal Representative and Notice to Creditors).

2. Decedent		Date of Birth	Social Security Number
3. Spouse(s) Who Died Bef	ore Decedent	Date of Birth	Social Security Number
4. This Notice is given pursuant to Minn. Stat. § 524.3-801 in case the decedent or a predeceased spouse of decedent might have received assistance for which a claim could be filed under one or more of the following Minnesota Statutes: § 246.53, 256B.15, 256D.16 or 261.04.			
Dated		Personal Repre	esentative
Attorney for Personal Representative: OR Self-Represented: Name: Firm: Address:			
Attorney License No.: Email: Telephone:			